

IN THE CIRCUIT COURT OF Fayette COUNTY, WEST VIRGINIA

IN RE: The Involuntary Hospitalization,  
Treatment Compliance, or Temporary  
Probable Cause of:

Case No.: 25 -MH(TCO/TPC) - 25

Criminal Case No.: \_\_\_\_\_  
(if applicable)

Keith William Lowe  
RESPONDENT (NAME OF PATIENT)

CERTIFICATE OF LICENSED EXAMINER 290 -70- 3242

West Virginia Code §§ 27-5-2, 3, & 4, § 27-5-11 and § 27-6A-1 (et seq.)

Instruction: All pages of this certificate must be fully completed.

I, S. Jill Daniel [Print name of Licensed Physician, Licensed Psychologist, Court  
authorized Licensed Independent Clinical Social Worker, or Court authorized Licensed Advanced Nurse Practitioner with  
Psychiatric Certification or Physician Assistant or Licensed Professional Counselor], do hereby certify and state as  
follows:

I have personally observed and examined Keith William Lowe [full name  
of Respondent] whose identifying information is believed to be,

DATE OF BIRTH 03/08/1974 WEIGHT 170 ; HEIGHT 6'0

HAIR COLOR \_\_\_\_\_ HAIR LENGTH \_\_\_\_\_ ; EYE COLOR hazel

SEX male ; RACE Caucasian

RESPONDENT'S LAST KNOWN ADDRESS: 11 Mountanside Way Mt. Olive, WV  
25185

PLACE OF BIRTH [state or country] OH

THE RESPONDENT IS:

A RESIDENT OF Fayette COUNTY, WV STATE

On this date and my findings are as follows:

Date of Examination: 05/30/2025 Time: 3:00 ☐ a.m./ ☒ p.m.

Place of the Examination: Virtual / Mt. Olive / Fayetteville / Beckley [Location]  
Fayetteville [City] Fayette [County], West Virginia.

1. I find there is reason to believe the Respondent [initial the appropriate items below]

SJD HAS mental illness \_\_\_\_\_ HAS NO mental illness

SJD HAS substance use disorder \_\_\_\_\_ HAS NO substance use disorder



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2. If the individual is being certified for substance use disorder, initial the following if it is applicable.

SJD I recommend that the individual be closely monitored because of the reasonable likelihood that withdrawal or detoxification will cause significant medical complications. Rx suboxone for OUD

3. I further find that the Respondent [initial one] SJD IS IS NOT likely to cause harm to himself/herself or other DUE TO HIS/HER MENTAL ILLNESS OR SUBSTANCE USE DISORDER.

4. If the selection in question 3 above is "IS," it is based on one or more of the following: [check all appropriate items from the list of six items below and detail the specific facts under each checked item]

☐ The individual has inflicted, or attempted to inflict, bodily harm on another: [describe]

☐ **Criminal Proceedings only** – The individual is currently committed to a state psychiatric hospital in accordance with W. Va. Code § 27-6A-1 *et seq.*, and the individual is a foreseeable danger to self or others outside the hospital setting: [describe the static and current acute and chronic dynamic risk factors for harm AND how the absence of the individual's personal protective strengths result in the individual being a foreseeable danger]

☐ The individual by threat or action, has placed other in reasonable fear of physical harm to themselves: [describe]

☐ The individual, by action or inaction, has presented a danger to others in his or her care: [describe]

☒ The individual has threatened or attempted suicide or serious bodily harm to himself or herself: [describe]

per respondent - daily SI w/ plan and intent to act on them. Recent attempt elevates risk (per CDC) solitary confinement elevates.

☐ The individual is behaving in such a manner as to indicate that he or she is unable, without supervision and the assistance of others, to satisfy his or her need for nourishment, medical care, shelter or self-protection and safety so that there is substantial likelihood that death, serious bodily injury, serious physical debilitation, serious mental debilitation or life-threatening disease will ensue unless adequate treatment is afforded: [describe] risk (per NIH)

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5. You must complete this question if you have indicated substance use disorder in question 1.

The specific manifestations which have occurred WITHIN 30 DAYS prior to the filing of this petition/application in this action upon which my findings of substance use disorder is based are: *(Check all that apply; you MUST check at least one.)* Diagnosed and treated for OUD w/ suboxone

- ☐ Recurrent substance use resulting in a failure to fulfill major role obligations at work, school or home: *[specify]*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ☐ Recurrent substance use in situations in which it is physically hazardous: *[specify]*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ☐ Recurrent substance-related legal problems *[specify]*

currently serving life sentence for 1<sup>st</sup> d. murder  
(10/2003)

\_\_\_\_\_  
\_\_\_\_\_

- ☐ Continued substance use despite knowledge of having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance: *[specify]*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. I received information relevant to this evaluation from the following sources: *(Consult as many sources as possible; check all that apply)*

- ☒ Respondent ☒ Petitioner ☐ Medical Record ☐ Physician  
☐ Family Members ☒ Other: *[list]* Psi Med

\_\_\_\_\_  
\_\_\_\_\_

Army - 1996 - 2000 →  
marital status: single  
education: HS diploma.

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7. You must complete this question if you have indicated "mental illness" or "substance use disorder" in

question 1. Orientation - time - May 20 20; place - Kananha  
Co.

A. The specific, CURRENT, symptoms and behaviors I HAVE OBSERVED are:

understands preceding. States treated for "I'm  
not sure", "I've been diagnosed w/ bipolar, paranoid  
schizophrenia, psychotic disorder, borderline p.d. & social  
pd, & Post trauma stress, depression". Meds - "yes"  
"they don't necessarily help & still have issues". Sleep -  
falling & staying asleep yes & sometimes I sleep for 2-3  
days then can't sleep @ all. Appetite changes -  
yes - in last 2 wks not much of an appetite. Mood -  
"down, sad, angry, one minute I'm so angry I  
can't think then cry uncontrollably. Mood  
disturbance rated "extreme" on a scale of 1-10. Rates  
a 7. Energy level - "for a month I wasn't able  
to shave or brush my teeth or shower" but doing  
better w/ taking care of myself in last mo. Thoughts  
that cause distress "everyday I wake up wanting  
to die". "I have nothing to live for I don't want to  
hold on"; tearful. "I am staying alive for the  
people who care for me". Plan: "yes" "I know  
exactly how & I won't fail next time". States he  
cut his testicles but "I failed that one". "This time  
I thought it was timed perfectly I was @ place w/  
no more pain. States he won't tell the plan.  
"b/c they punish you". "I'm going to succeed". Some  
guys want attention but I know better. "Cozintless"  
X named himself. OD attempt → took "I was told  
it was fentanyl". Thoughts of harm to others - "well  
today for the first time in a long time I've never thought  
about assaulting a CO, in fact I've saved several of  
them. Last nt I've had hallucinations & crying & yell

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7. You must complete this question if you have indicated "mental illness" or "substance use disorder" in question 1. continued

A. The specific, CURRENT, symptoms and behaviors I HAVE OBSERVED are:

and asked CO for "mental health help" & he looked @ me and laughed & told him "fuck you", he kept saying "do it, do it". "Glad to see you". "You embarrassed & ashamed". "I had thoughts of punching him in the face & he told me I was a bitch". "He should not be around mental health; I would have punched him a lot but I didn't normally want to be ~~distracted~~ extracted". Put on unit yesterday, doesn't know why he was moved. Being on unit "exaggerated my mental health like that" (being on the unit) "it's a madhouse". "I'd rather be in solitary & asked". A/U - "certainly voices" but for ~~ex~~ denies vis. hallucination. Denies voices telling him to harm other people. Unaware if it's him "or everybody" hears voices to harm himself. "And I'm a piece of shit and a crybaby". Mental health tx before conviction - "All my life - suicide attempt @ 15 & "in juvenile ward" "diagnosed w/ schizophrenia, ADHD & depression @ 17" "I have the records. "Voluntary & Involuntary" "8 mo before murder I went to VA for 6 wks & didn't follow up or take the medicine when I got out". Involuntary hx: "Chilicath<sup>OH</sup>, Lotts<sup>OH</sup>, y. Q/A - not a commitment. Resident of OH until age 27-28 Trauma hxs - "yes man". "Too ashamed to address w/ therapist but has addressed w/ other providers in the past."

and  
astray  
nursing

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7. You must complete this question if you have indicated "mental illness" or "substance use disorder" in question 1.

A. The specific, CURRENT, symptoms and behaviors I HAVE OBSERVED are:

trial continued pg 3 -

Appraiser stated age. Interactive/active.  
cooperative. Thoughts coherent, organized.  
Speech WNL. Affect labile/mood dysphoric.  
Tearful off on throughout interview. Insight  
fair to poor. Psychomotor activity level  
WNL.

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pg 5/#2

*continued*

- B. Other current symptoms & behaviors relayed/presented to me by petitioners, witnesses, documents or other sources on which my finding of mental illness and/or substance use disorder is based on the following:

*continued - no further info from provider/psychiatrist -  
center did not receive any return call requested  
earlier in the day of Ps. med. Per Mr. Frame's  
documentation, Mr. Canterbury last saw respondent  
03/01/25 - trouble sleeping. Document states he had  
suicide attempt 01/2023 by cutting both forearms, face,  
head, a scar on and 04/02/2025 via OD w/ "prescribed  
Suboxone he saved up". Taken to Montgomery General  
Hospital - signed an AMA release, & transported  
back to MOCC - on suicide watch until 04/09/25  
when he "committed to safety". On suicide watch  
2019 x 4, 2023, 2024, & 2025. "AMA refusal"  
signed 04/25/25 and 05/19/25. (Unclear. Have not  
been able to speak w/ applicant although*

- C. Any medical and/or historical symptoms or behaviors prior to the past 72 hours on which my finding of mental illness and/or substance use disorder are based: *I called the facility today.*

*Mr. Frame includes "Class 1 write ups" starting  
in 2005 (#117 pages) - 2017. Attached.*

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B. Other current symptoms & behaviors relayed/presented to me by petitioners, witnesses, documents or other sources on which my finding of mental illness and/or substance use disorder is based on the following:

5/30/25 10<sup>10</sup>am - Called MOCC, spoke w/ Psi Med asst dir of mental health (Shrewsbury). Responded diagnosed/tx for Opioid Use d/o. Mod-Severe, Cannabis Use (full commission), Antisocial Personality Disorder, Unsp. Anxiety & Unsp Depressive Disorder. Rx Suboxone for the OUD. Sees therapist ("Kincaid") & psychiatrist ("Cantabury"). Mr. Shrewsbury states Mr. Lowe was placed on the "mental health unit" 05/29/25 "for increased observation and mental health services". He is not aware of any precipitating increase in SK, new SI or threats, behavioral changes, or other high risk behaviors. Requested admitting provider call earlier re: SK picture/reason for admission. Gave contact information requested call before 2pm.

C. Any medical and/or historical symptoms or behaviors prior to the past 72 hours on which my finding of mental illness and/or substance use disorder are based: Call w/ MOCC nursing staff re: Mr. Lowe's physical health/medical problems. Reports "he has a seizure disorder" but denies other medical conditions (acute & chronic). No known surgery hxs. No known hxs of TBI.

12:25 received tx plan developed 05/29 from MOCC mental health unit noting "presenting issue" - "Pt reports difficulty functioning due to traumatic <sup>stress</sup> Goals is to safe behavior as evidenced by not returning to prison watch". See attached, signed by C. Kincaid, M.A.

12:25 received "medical, mental health, conviction, & institutional record from J. Frame, Superintendent see attached.



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8. Prior history of behavior health services in the following settings:

Type of Treatment	Yes	No	Compliant Yes/No/Unknown	# of Admissions	Most Recent Provider/Hospital	Date
Outpatient	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<i>Per Med/Mt. Olive</i>	
Voluntary Inpatient or Residential	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<i>UAMC</i>		
Treatment Involuntary Hospitalization	<input type="checkbox"/>	<input type="checkbox"/>				

9. I have identified and considered less restrictive alternative forms of treatment and find that they

ARE or ARE NOT appropriate. Please provide detailed explanations as to why or why not each less restrictive alternative forms of treatment are or are not currently appropriate and available.

*respondent needs inpatient to address suicidality. App was ordered & filed on an ostensibly voluntary patient.*

10. List all medications currently taking, or proscribed and should be taking:

Name of Medication:	Dosage:	Duration:
1. <i>See attached</i>		
2.		
3.		
4.		
5.		

11. Is Medical Clearance Examination NECESSARY? [Check one] ☐ Yes ☐ No ☒ Unknown  
If yes, has it been completed or arranged to be completed, prior to involuntary admission to a mental health facility?

Medical Screening was completed at: *last seen for "sick call" July 2024*  
Medical Screening arranged to be completed at: *(requesting ? in Suboxone)*

12. Are there any acute medical conditions that require immediate attention? [Check one] ☐ Yes ☐ No

List the conditions:

*medical findings/determinations are outside scope of certifier's practice.*

From:

06/27/2025 17:06

#134 P.007/036

MrEMR - Lowe, Keith William :: Medication | v5.5.0

<https://wvdcccoremr.wexfordhealth.com/Modules/Chart/medication...>



**Keith William Lowe**

**#3380501**

Glasses, MH - Individual Therapy / Supportive Counseling, MH - History of Placement on a Watch, MAT - Suboxone

Sex: M  
DOB: 03/08/1974 (Age 51)  
Height: 6R 0in  
Weight: 170 lbs  
BMI: 23.6  
SSN: 280-70-3242  
Agency: state  
Location: MOCC-  
QU2-007-707-001-PSH  
OID: 3380501  
Allergies:  
NKMA

Medication  
Medications

## Medication

Medication	Start Date	End Date	Clinician	Status	Dist
ABILIFY5MG 1 TAB By Mouth QPM RX: 16846758 NDC: 59148000713 RXNorm: 404602 Refills Remaining: 5	12/05/2024		Kristin Canterbury, MD	✓ Approved 12/30/2024 1615 Blister Pack	Sched
Buprenorphine/Naloxone8mg/2mg DISSOLVE 2 TABS UNDER THE TONGUE ONCE DAILY RX: 17625057 NDC: 42858-0602-03 Refills Remaining: 4	04/21/2025	07/19/2025	MD Sherri Johnson	✓ Approved 04/28/2025 0924 Blister Pack	Sched
BUPROPION100MG 1 TAB By Mouth QPM ; Crush RX: 17680696 NDC: 00781106401 RXNorm: 993687 Refills Remaining: 5	04/29/2025	10/24/2025	MD Timothy Thistlethwaite, MD	Pending Blister Pack	Sched
BUPROPION100MG 1 TAB By Mouth HS 2100 ; Crush RX: 17680692 NDC: 00781106401 RXNorm: 993687 Refills Remaining: 6	04/29/2025	10/24/2025	MD Timothy Thistlethwaite, MD	Pending Blister Pack	Sched
BUPROPION100MG TAKE 2 TABLET(S) BY MOUTH AT NOON ; CRUSH RX: 17680693 NDC: 00781106401 RXNorm: 993687 Refills Remaining: 6	04/29/2025	10/24/2025	MD Timothy Thistlethwaite, MD	Pending Blister Pack	Sched
DOCUSATE SOD100MG 1 CAP By Mouth QPM NDC: 57886040110 RXNorm: 1116005 Refills Remaining: 4	03/28/2025	09/23/2025	MD Sherri Johnson	✓ Approved 04/01/2025 1732 Blister Pack	Sched
DULOXETINE60MG 1 CAP By Mouth HS 2100 RX: 17790217 NDC: 57237001899 Refills Remaining: 5	05/13/2025	11/08/2025	Kristin Canterbury, MD	✓ Pending Blister Pack	Sched
GABAPENTIN400MG TAKE 3 CAPSULE(S) BY MOUTH TWICE A DAY AT NOON AND IN THE EVENING *OPEN AND FLOAT* RX: 17762843 NDC: 16714050502 RXNorm: 993687 Refills Remaining: 5	05/11/2025	11/05/2025	Kristin Canterbury, MD	✓ Approved 05/12/2025 1433 Starter Stock	Sched
GABAPENTIN 400mg CAP400MG TAKE 1 CAPSULE(S) BY MOUTH AT BEDTIME *OPEN AND FLOAT* (2100) RX: 17762844 NDC: 16714066302 Refills Remaining: 6	05/11/2025	11/05/2025	Kristin Canterbury, MD	✓ Approved 04/01/2025 1433 Starter Stock	Sched
BUPROPION200MG 2 TAB By Mouth BID 0500 1815 NDC: 904791580 RXNorm: 310995	03/28/2025	09/23/2025	MD Sherri Johnson	✓ Approved 04/01/2025 1732 Blister Pack	Sched

From:

05/27/2025 17:07 #134 P.008/035

rEMR - Lowe, Keith William :: Medication | v5.5.0

<https://wvdoccoremr.wexfordhealth.com/Modules/Chart/medication...>

Refills Remaining: 6 <b>LEVETIRACETAM500MG</b> TAKE 1 TABLET(S) BY MOUTH TWICE A DAY RX: 15985420 NDC: 16714035502 Refills Remaining: 6	09/13/2024	08/08/2025	Sandra May, PA-C	✓ Approved 09/08/2024 0739 Blister Pack	Sched
<b>OMEPRazole20MG DR</b> 1 CAP By Mouth HS 2100 RX: 17625068 NDC: 60505006500 Refills Remaining: 6	04/21/2025	10/17/2025	MD Sherri Johnson	✓ Approved 04/28/2025 0824 Blister Pack	Sched
<b>RISPERIDONE0.5MG</b> 1 TAB By Mouth BID NDC: 27241000350 Refills Remaining: 5	04/08/2025	10/04/2025	MD Timothy Thistlethwaite, MD	✓ Approved 04/08/2025 1241 Blister Pack	Sched
<b>RISPERIDONE1MG</b> 1 TAB By Mouth BID 0500 1615 NDC: 27241000150 Refills Remaining: 5	12/13/2024	08/08/2025	Kristin Canterbury, MD	✓ Approved 12/30/2024 1615 Blister Pack	Sched
<b>TRIHXYPHENIDYL5MG</b> TAKE 2 TABLET(S) BY MOUTH THREE TIMES A DAY (AM, NOON, BEDTIME) (N/F GOOD LIFETIME) NDC: 603624132 RXNom: 905283 Refills Remaining: 6	12/08/2024		Kristin Canterbury, MD	✓ Approved 12/30/2024 1615 Blister Pack	Sched

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13. The results of my evaluation suggest the following factor(s) are present, or have been present in the past:

[Check all that apply]

Factors	General Information [check if yes, list date(s) when present]
Thoughts of Suicide	<input type="checkbox"/> Ideation <u>yes, endorsed</u> <input type="checkbox"/> Plan <u>yes, will not disclose, "one way that"</u> <input type="checkbox"/> Intent <u>yes</u> Other Prior History: [If yes, explain/give examples] <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>2 attempts 04/2025; 01/2023</u> <u>can't be undone</u>
Thoughts of Homicide	<input checked="" type="checkbox"/> Ideation <u>never mean w/ exception of cop</u> <input type="checkbox"/> Plan <u>in or prison I would never</u> <input type="checkbox"/> Intent <u>harm one of these cops at all</u> Other Prior History: [If yes, explain/give examples] <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>not one time</u> <u>per self report - takes Kappa. "a couple write ups for fighting to defend myself"</u>
Head Injury/Neurological	<input type="checkbox"/> Type(s): <u>seizure hx: Seizure disorder per MOCC nursing staff. Rx generic Kappa to manage seizures. See med list.</u>
Chronic Medical Problems	<input type="checkbox"/> Type(s): <u>denied by MOCC nursing staff.</u> <u>no known surgery hx per MOCC nursing</u> <u>Self report - "I don't think so maybe GERD"</u>
Limitations to Support System	<input type="checkbox"/> Type(s): <u>gf; attorney</u>
History of Legal Infractions	<input type="checkbox"/> Type(s); Explain: <u>currently serving life sentence for 1st degree murder</u>
Past History of Harmful Behavior	<input type="checkbox"/> Type(s): <div style="text-align: center;">↓ ↓</div>

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14. The results of my evaluation suggest the following factors related to substance use disorder are present:

Substance	Amount	Frequency	Route/Method of Use	Date Last Used
by of opioid use/		currently tx w/ Suboxone		
alcohol - age of first use 18 "not much of a drinker"				
marijuana - "a lot" age of first use 9 - regular use				
opiate - never until I came to prison, used recreationally				

  

Factor(s)	Yes	No	General Information
Public Intoxication Charges	<input type="checkbox"/>	<input type="checkbox"/>	Frequency in Past 90 Days/Dates cigarettes prescribed now
Substance Use to the Point of Incapacitation	<input type="checkbox"/>	<input type="checkbox"/>	Explain: cocaine/crack/meth - cocaine - powder cocaine w/ my weed @ I but never consistently it made me paranoid.
Employment Instability	<input type="checkbox"/>	<input type="checkbox"/>	Explain:

15. DSM/ICD - Diagnostic Impressions (include all five axes):

Unspecified Mood Disorder  
Unspec Trauma / P/O PTSD  
Unspec Opioid Use on Maintenance Therapy

16. Clinician Rating of Treatment Needs: [Check your impression]

- ☐ 0: No observable seriously harmful behavior (SHB); No treatment needed.
- ☐ 1: Slight probability of SHB; Outpatient therapies needed.
- ☐ 2: Mild probability of SHB; Crisis residential unit (CRU) appropriate. 24-hour supervision needed. 3:
- ☒ Moderate probability of SHB; Immediate hospitalization in a 24-hour locked facility needed.
- ☐ 4: High probability of SHB; Should be monitored closely until hospitalized. Immediate hospitalization in a 24-hour locked facility needed.

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17. Based upon such examination and the information contained in this certificate, I therefore certify as follows:

*[Initial only ONE of the following recommendations]*

SJD

The Respondent should be committed for further evaluation pursuant to § 27-5-3 *[probable cause hearing only]*

\_\_\_\_\_ If the Respondent is not currently committed in accordance with § 27-6A-1 *et seq.*, the Respondent should be fully committed for a period not to exceed 90 days as provided in § 27-5-4(1) *[final commitment hearing only]*

\_\_\_\_\_ The Respondent should be finally committed for an indeterminate period exceeding 90 days or until this order is modified by this Court pursuant to the provisions of § 27-5-4(1) *[final commitment hearing only]*

\_\_\_\_\_ If the Respondent is currently committed in accordance with § 27-6A-1 *et seq.*, the Respondent should be finally committed until the court determines that the Respondent's state and current acute and chronic dynamic risk factors for harm can be managed in a less restrictive setting and that the Respondent's personal protective strengths are sufficient to facilitate safety to self and others in such setting as provided in § 27-5-4(1)(4) *[final commitment hearing only]*

\_\_\_\_\_ The Respondent does not require hospitalization *[probable cause or final commitment hearing]*

18. *Initial the following if ALL the matters contained in the statement are applicable.*

\_\_\_\_\_ Notwithstanding the foregoing, I further believe that the respondent's circumstances make him/her amenable to treatment upon an outpatient basis in a nonhospital or nonresidential setting pursuant to a voluntary treatment agreement and that appropriate outpatient services are available and recommend that the court hear evidence on this issue.

19. SJD I have explained or attempted to explain the involuntary commitment process to the APPLICANT including the loss of liberty if committed, as well as the likely risks and benefits of commitment. *NA - serving life sentence*

20. SJD I have explained or attempted to explain the involuntary commitment process to the RESPONDENT including loss of liberty if committed, as well as the likely risks and benefits of commitment. *NA - serving life sentence*

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21. Information regarding examiner completing this certificate: *[please print or type information]*

Name: S Jill Daniel

Address: *[city, state, zip]* 101 S Eisenhower Drive, Beckley WV 26009

Telephone Number: 304 256 7100 Registration/License Number: # 1104

License to Practice: ☐ Medicine ☐ Osteopathy ☒ Psychology ☐ Physician Assistant ☐ Social  
☐ Work Nursing ☐ Psychiatry ☐ Counselor

05/30/2025                      S Jill Daniel  
Date Time Examiner's Signature

22. The person completing this certificate: *[check only one]*

- ☒ Is employed by the local Community Mental Health Center: *[insert name of Center]*  
FUMRS HEALTH SYSTEMS, INC.
- ☐ Has contracted to provide examinations for involuntary commitment proceeding with the local Community Mental Health Center: *[insert name of Center]*
- ☐ Is neither employed by nor contracts for services with the local Community Mental Health Center.

If this item is checked, you **MUST** have the Community Mental Health Center complete the following:

- The examination reflected by this certificate was as required by law provided or arranged by the Community Mental Health Center or, if the examiner is neither employed or contracted by the Community Mental Health Center, the examination is APPROVED and the Community Behavioral Health Center hereby waives its duty to provide or arrange for this examination.

                                                                
Date Time Signature of Center Representative

                      
Title